MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

3303 **62-012718** STATE FILE NUMBER

Registration District No. _____318_____ Primary Registration District No. ___1003___ Registrar's No. _____3303_____

FILED APR 6 1962

DO NOT WRITE ON THIS STUB | **AMENDED**

VS 300 Rev. 4/59

2400x3 0

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Lutheran Hospital — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. | b. COUNTY St. Louis
c. CITY OR TOWN Overland — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS 2456 Hartland — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)
First: OWEN | Middle: HENRY | Last: GRIFFITHS

4. DATE OF DEATH Month Mar. Day 27 Year 1962

5. SEX Male | **6. COLOR OR RACE** White | **7.** Married ☒ Never Married ☐ Widowed ☐ Divorced ☐ | **8. DATE OF BIRTH** 7-1-1897 | **9. AGE** (last birthday) 64 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor(Retired) | **10b. KIND OF BUSINESS OR INDUSTRY** Van Sickle Radio Co. | **11. BIRTHPLACE** (City and state or country) Downers Grove, Ill. | **12. CITIZEN OF WHAT COUNTRY** U.S.A.

13a. FATHER'S NAME John H. Griffiths | **13b. MOTHER'S MAIDEN NAME** Anna Griffith | **14. NAME OF HUSBAND OR WIFE** Olga M. Griffiths

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World Wars 1 & 2 | **16. SOCIAL SECURITY NO.** | **17. INFORMANT** Address Olga M. Griffiths 2456 Hartland (14)

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Rheumatic heart disease with aortic insufficiency — INTERVAL BETWEEN ONSET AND DEATH 40 yrs (?)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____ 411 X _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ | **20a.** ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ | **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | **20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) | **20f. CITY, TOWN, OR LOCATION** | COUNTY | STATE

21. I attended the deceased from 1/8/58 to 3/28/62 and last saw him alive on 3/26/62
Death occurred at 10:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edward W. Gibrandi M.D. | **22b. ADDRESS** 3701 Crandle Sq | **22c. DATE SIGNED** 3/29/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | **23b. DATE** Mar. 30, 1962 | **23c. NAME OF CEMETERY OR CREMATORY** Laurel Hill Cemetery | **23d. LOCATION** (City, town, or county) St. Louis Co. Mo. (State)

24. FUNERAL DIRECTOR ADDRESS Kriegshauser 4228 S. Kingshighway Blvd. | **25. DATE RECD. BY LOCAL REG.** MAR 28 1962 | **26. REGISTRAR'S SIGNATURE** Carl Smith. M.D.

USE BLACK INK OR TYPEWRITER RIBBON

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____   Signed_*William B White*_____
        Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
    If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
    If this body is not embalmed, fact should be so stated above.